



COUNTY OF FAIRFAX
FIRE PREVENTION DIVISION
4100 Chain Bridge Road, 3rd Floor
Fairfax, Virginia 22030
(703) 246-4800

Account Number: _____
Permit (s) Expire: _____
Occupancy Load: _____

APPLICATION FOR FIRE PREVENTION CODE
FAIRFAX COUNTY FIRE PREVENTION

Application is hereby made by the undersigned for a Permit(s) to conduct the following industry, trade, occupation, storage or use.

Fire Prevention Code(s) Applying For

AMOUNT DUE: _____

**RETURN WITH PAYMENT, MAKE CHECK PAYABLE
TO: "COUNTY OF FAIRFAX"**

Business / Headquarters _____

Billing Address: _____ **Zip Code** _____

All conditions, surroundings and arrangements are to be in accordance with the Fire Prevention Code.

I, _____, hereby accept full responsibility for the adherence to all requirements
Signature

Virginia Statewide Fire Prevention Code and the County of Fairfax Fire Prevention Code pertaining to the above

Inspection Location Name: _____

Inspection Location: _____ **Zip Code** _____

NON-RUP (REQUIRED, PERMIT WILL NOT BE PROCESSED) _____

Name of Person Making Application _____

Printed Name
Telephone: _____

Emergency Telephone: _____

OFFICE USE ONLY

Mail To:

F S Number: Batt. Number:

Inspector: _____

Date: _____